

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007941

FILED
Apr 28, 2008
Secretary of State

Entity Name: OMNI COMMERCIAL PROPERTIES, INC.

Current Principal Place of Business:

15438 N. FLORIDA AVENUE
SUITE 140
TAMPA, FL 33613

New Principal Place of Business:

13621 N. FLORIDA AVE.
SUITE 200
TAMPA, FL 33613

Current Mailing Address:

13014 N. DALE MABRY
SUITE 523
TAMPA, FL 33618

New Mailing Address:

13621 N. FLORIDA AVE.
SUITE 200
TAMPA, FL 33613

FEI Number: 14-1901447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, WALTER
16528 N DALE MABRY WAY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

GUIDA, GEORGE
1106 N. FRANKLIN ST.
TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE GUIDA

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CULLIGAN, WILLIAM D
Address: 15438 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CULLIGAN, WILLIAM D
Address: 13621 N. FLORIDA AVE. SUITE 200
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DAVID CULLIGAN

MGRM

04/28/2008

Electronic Signature of Signing Officer or Director

Date